

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/596290

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	1						51					
2		1						52					
3		1						53					
4		1						54					
5		1						55					
6		1						56					
7		1						57					
8		1						58					
9		1						59					
10	1							60					
11	1							61					
12	1							62					
13	1							63					
14	1							64					
15	1							65					
16	1							66					
17		1						67					
18	1							68					
19		1						69					
20		1						70					
21		1						71					
22		1						72					
23		1						73					
24		1						74					
25		1						75					
26		1						76					
27	1							77					
28	1							78					
29		1						79					
30		1						80					
31	1							81					
32		1						82					
33		1						83					
34		1						84					
35		1						85					
36	1	1						86					
37		1						87					
38	1							88					
39		1						89					
40		2						90					
41		2						91					
42		2						92					
43		2						93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	10												
TOTAL DEP.	37												
TOTAL CLAIMS	47												